Effective June 1, 2002

TOC 00.0

Appendix

I. Required Forms

Form #	Form Name	Policy #			
AC - Account	AC - Accounting				
B-13	Purchase Voucher	AC:01.0			
PADC	Sample Plan to Allocate Direct Costs	AC:03.0			
269-A	Financial Status Report	AC:28.0			
	Instructions for Completing Financial Status Report	AC:28.0			
227-A	WISE Cost Report Form	AC:29.0			
WISE	WISE Cost Report Instructions	AC:29.0			
WISE	Administrative Cost Categories for WIC 227-A	AC:29.0			
AUT - Automation					
TX WIN	Texas WIN Project Change Request Form	AUT:01.0			
BF - Breastfe	eding				
WIC-50	Single-User Electric Breast Pump Release Form	BF:05.0			
WIC-50A	Single-User Electric Breast Pump Release Form (Spanish)	BF:05.0			
	Issuance and Inventory Log for Single-User Electric Breast Pumps	BF:05.0			
	Receiving and Transfer Log for Single-User	BF:05.0			
	Electric Breast Pumps Issuance and Inventory Log for Manual Breast	BF:05.0			
	Pumps	55.05.0			
	Receiving and Transfer Log for Manual Breast Pumps	BF:05.0			
WIC-51	Multi-User Electric Breast Pump Loan/Release Form	BF:06.0			

Effective June 1, 2002 TOC 00.0

Form #	Form Name	Policy #	
WIC-51A	Multi-User Electric Breast Pump Loan/Release Form (Spanish)	BF:06.0	
	Master Inventory Log for Multi-User Electric Breast Pump	BF:06.0	
	Receiving and Transfer Log for Multi-User Electric Breast Pump	BF:06.0	
	Issuance and Inventory Log for Multi-User Electric Breast Pumps and Collection Kits	BF:06.0	
	Receiving and Transfer Log for Collection Kits	BF:06.0	
CR - Civil Rig			
F0.4	Fair Hearing/Grievance Procedure	CR:02.0	
504	504 Self-Evaluation Checklist	CR:06.0	
CS - Certification			
WIC-37	Quick Intake/In-State Transfer Form	CS:02.0	
	Physical Presence Waiver Form	CS:04.0	
	Self-Declaration Form	CS:05.0	
WIC- R2	Residency Form	CS:06.0	
WIC- 19E	Residency Form for Homeless Family	CS:06.0	
WIC- 19a	Assistance Documentation	CS:07.0	
WIC- 19b WIC- 32	Employment Verification Applicant's Statement of Farm/Self-Employed	CS:07.0 CS:07.0	
WIC- 32 WIC- 19c	Separate Economic Unit	CS:10.0	
WIC- 19C	Family Certification Form	CS:14.0	
WIC- 35-2	Release List	CS:14.0	
WIC- 36	Infant Participant Form	CS:17.0	
WIC - 38	Child Participant Form	CS:17.0	
WIC - 39	Pregnant Participant Form	CS:17.0	
WIC - 40	Breastfeeding Participant Form	CS:17.0	
WIC - 41	Postpartum Participant Form	CS:17.0	

Effective June 1, 2002

TOC 00.0

Form #	Form Name	Policy #
WIC - 42	Diet History for Infants through 11 Months Dietary Recall and Assessment	CS:17.0
WIC – 42a	Diet History for Infants through 11 Months Dietary Recall and Assessment (Spanish)	CS:17.0
WIC - 44	Diet History for Children ages 1 through 4 years Dietary Recall and Assessment	CS:17.0
WIC – 44a	Diet History for Children ages 1 through 4 years Dietary Recall and Assessment (Spanish)	CS:17.0
WIC - 45	Diet History for Pregnant/Breastfeeding/Postpartum Women Dietary Recall and Assessment	CS:17.0
WIC - 45a	Diet History for Pregnant/Breastfeeding/Postpartum Women Dietary Recall and Assessment (Spanish)	CS:17.0
WIC-RO5	Infant Midpoint Review	CS:19.0
WIC-4	Range of Prenatal Weight Gain	CS:20.0
CH-9W	Girls: Birth to 36 Months	CS:20.0
CH-10W	Boys: Birth to 36 Months	CS:20.0
CH-20W	Girls: 2-5 Years	CS:20.0
CH-21W	Boys: 2-5 Years	CS:20.0
WIC-35-1	Supplemental Information Form	CS:22.0
FD - Food De		
	WIC Program – Contract Sample Formula Log	FD:14.0
	Request for Medically Necessary Formula/Medical Nutritional Products from the WIC Program (non- contract formula prescription)	FD:16.0
GA – General Administration		
	WIC Complaint Report/Assistance Request Form	GA:12.0

TOC 00.0

IM:05.0

IM:05.0

IM:10.0

QA:01.0

11

Form Name Form # Policy # GA:13.0 Annual Plan of Clinical Operations Summary of WIC Clinic Hours GA:13.0 WIC LA Clinic Hours GA:13.0 WIC Clinic Information Form GA:13.0 **QA – Quality Assurance** Food Delivery Self-Audit Instructions QA:01.0 FDA-1 Food Delivery System Self-Audit Form QA:01.0 FDA-2 Food Delivery System Self-Audit Evaluation OA:01.0 Fiscal Self-Audit Instructions FA-1 QA:01.0 WIC Fiscal Self-Audit Form QA:01.0 Store Evaluation Form QA:02.0 II. Optional Forms **BF** - Breastfeeding Return to Work or School Breast Pump BF:05.0 **Assessment Form** Return to Work or School Breast Pump BF:05.0 Assessment Form – Assessment and Counseling Tips **CS - Certification** WIC - 5 Notice of Participant/Applicant Ineligibility CS:23.0 **IM - Immunizations** C - 76Vaccine Adverse Event Reporting System

Vaccine Documentation Form

Immunization Record

Core Tool Instructions

WIC Policy and Procedures Manual

QA - Quality Assurance

C - 100

C - 102

Effective June 1, 2002

Effective June 1, 2002 TOC 00.0

Form #	Form Name	Policy #
	Quality Assurance On-Site Evaluation Report (Core Tool)	QA:01.0
	WIC Tool Instructions Quality Assurance On-Site Evaluation Report (WIC	QA: 01.0 QA:01.0
	Tool) Record Review Instructions WIC Review Tool – Ineligible Records Worksheet WIC Review Tool – Eligible Records Worksheet WIC Review Tool – Midpoint Screening Worksheet WIC Review Tool – Non-contract Formula	QA: 01.0 QA:01.0 QA:01.0 QA:01.0 QA:01.0
	Worksheet WIC Review Tool – Employees/Relatives on WIC Worksheet	QA:01.0
	WIC Review Tool – Enhanced Breastfeeding Food Package Worksheet	QA:01.0
	WIC Review Tool – TDH Checklist	QA:01.0
TR - Training	Training Summary Sample Training Summary	TR:03.0 TR:03.0
III. Reference Materials		
AC - Account	ting Allowable Clinical Purchases	AC:37.0
BF - Breastfo	Procedures for Retrieval of Multi-User Breast Pumps	BF:06.0
	Sample Local Agency Breast Pump Retrieval Letter	BF:06.0

Effective June 1, 2002 TOC 00.0

Form #	Form Name	Policy #		
CR - Civil Rights				
FNS Instruction 113-2	Civil Rights Compliance and Enforcement in the Special Supplemental Nutrition Program for Women, Infants and Children and the Commodity Supplemental Food Program	CR:05.0		
	Language Identification Flashcard	CR:10.0		
CS - Certific	ation			
	Guide to Screening Adjunctive Eligibility	CS:08.0		
HHS 1000-B	Texas Department of Human Services (HHS) Record of Case Action	CS:08.0		
HHS 1009	Application for Assistance	CS:08.0		
HHS 1017	Notice of Benefit Denial or Reduction	CS:08.0		
HHS 1027-A	Medicaid Eligibility Verification	CS:08.0		
HHS 1028	Employment Verification	CS:08.0		
HHS 1122	Medicaid Action Notice	CS:08.0		
HHS 1266	Notice of Presumptive Eligibility for Pregnant Women	CS:08.0		
HHS 1866-A	Notice of Food Stamp Distribution	CS:08.0		
HHS 3087	Medical Care Identification (Regular ID)	CS:08.0		
HHS	Medical Care Identification (Lonestar Health	CS:08.0		
3087CC	Initiative)			
HHS 3087PE	Medical Care Identification (Presumptive Eligibility)	CS:08.0		
	Guidelines for Nutrition Assessment	CS:17.0		
FD - Food Delivery				
	Food Package Code and Description Guide	FD:12.0		

Effective June 1, 2002 TOC 00.0 Form # **Form Name** Policy # **GA - General Administration** Sample Memorandum of Understanding GA:01.0 Responding to Subpoenas and Search Warrants in 94-WIC-56 GA:01.0 the WIC Program Guide to Helpful Programs and Services GA:08.0 **NE - Nutrition Education** NAWD/FCS Nutrition Service Standards NE:01.0 Care Plan NE:01.0 **Approved Materials** NE:04.0 TR - Training Patient Flow Analysis Can Be Used As Customer 97-WIC-98 TR:03.0 Service Training **WV - WIC Vendor Operations**

WV:01.0

Sanctions Table